



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 2964

<b>SERIAL NUMBER</b> 09/977,182	<b>FILING OR 371(c) DATE</b> 10/12/2001 <b>RULE</b>	<b>CLASS</b> 026	<b>GROUP ART UNIT</b> 3661	<b>ATTORNEY DOCKET NO.</b> 43299.830001.002
------------------------------------	---	---------------------	-------------------------------	--

**APPLICANTS**  
 Ernst F. Reichwein, Littleton, CO;  
 Joseph G. White, Littleton, CO;

**\*\* CONTINUING DATA \*\*\*\*\*** *Y* *OR 4A*  
 This application is a CIP of 09/122,404 07/25/1998 PAT 6,311,162 and is a CIP of 09/880,973 06/14/2001 ABN  
 which is a CON of 09/122,404 07/25/1998 PAT 6,311,162

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *N* *OR 4A*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 10/26/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> CO	<b>SHEETS DRAWING</b> 55	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 6
---	---	-------------------------------	-----------------------------	---------------------------	--------------------------------

Verified and Acknowledged  
 Examiner's Signature \_\_\_\_\_ Initials \_\_\_\_\_

**ADDRESS**  
 Brian P. Kinnear  
 HOLLAND & HART LLP  
 555 Seventeenth Street, Suite 3200  
 P.O. Box 8749  
 Denver, CO80201

**TITLE**  
 Interactive symptomatic recording system and method utilizing symptomatic memory

<b>FILING FEE RECEIVED</b> 496	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-----------------------------------	---	---